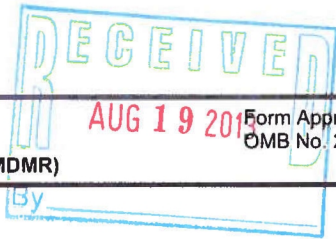


AUG 19 2013



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)



AUG 19 2013 Form Approved
OMB No. 2040-0004

Reason(s) for Submission (Check all that apply):

- ☒ Submitting monitoring data (Fill in all Sections).
☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F).
☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4).
☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4).
☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F).

A. Permit Tracking Number: MAR05DE56

Note: Read instructions before completing this Form.

B. Facility Information

1. Facility Name: LKQ ABC

2. Facility Location:

a. Street: 1525 CENTRAL STREET

b. City: LEOMINSTER

c. State: MA d. Zip Code: 01453

3. Additional Facility Information (Optional):

Contact Name: TODD LAROCHE Email: TRLAROCHE@LKQCORP.COM

Phone: 800-423-4006 Ext. 2891

4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)

Prepared by: MARY BRUNO

Organization: APEX COMPANIES LLC

Email: MBRUNO@APEXCOS.COM

Phone: 617-728-0070 Ext. 125

C. Discharge Information

1. Identify monitoring period:

☐ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:

☐ Quarter 1 (April 1 – June 30) ☐ Quarter 1: From / To /

☒ Quarter 2 (July 1 – September 30) ☐ Quarter 2: From / To /

☐ Quarter 3 (October 1 – December 31) ☐ Quarter 3: From / To /

☐ Quarter 4 (January 1 – March 31) ☐ Quarter 4: From / To /

2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? ☐ Yes (Complete line item 2.a.) ☒ No (Skip to Section D)

2.a. What is the hardness level of the receiving water? mg/L

D. Outfall Information

1. How many outfall(s) are identified in your SWPPP? 03 List name of outfall(s) required to be monitored in table below.

2. Do any of your outfalls discharge substantially identical effluents? ☐ YES ☒ NO

2.a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.

3.A. Monitored Outfall Name*	3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)]	3.C. No Discharge?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

*Reference attachment if additional space needed to complete the table.



Form Approved. OMB No. 2040-0004

E. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Permit Tracking Number

2. Nature of Discharge: ☒ Rainfall (Complete line items 2 a, 2 b, & 2 c.) ☐ Snowmelt

[illegible][illegible]

(QBM) - Quarterly benchmark monitoring (ELG) - Annual effluent limitations guidelines monitoring (ST) - State- or Tribal-specific monitoring (I) - Impaired waters monitoring (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

F. Certification

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TODD LAROCHE
PLANT MANAGER

Typed or Printed Name/Title of Principal Executive
Officer or Authorized Agent

Email of Principal Executive Officer or Authorized Agent:

TRLAROCHE@LKCORP COM

Signature of Principal Executive Officer or Authorized Agent

Date _____

4th Feb

8/12/13

Instructions for Completing the MSGP Industrial Discharge Monitoring Report (MDMR)

Who Must Submit A Discharge Monitoring Report to EPA?

Facilities covered under the Multi-Sector General Permit (MSGP or permit) that are required to monitor pursuant to Parts 6.2, 6.3, and 8 of the permit must submit the MSGP Discharge Monitoring Report (MDMR) consistent with the reporting requirements specified in Part 7.1 of the permit.

Where to File the MDMR Form

Monitoring data collected pursuant to Parts 6.2, 6.3, and 8 of the permit must be submitted electronically via EPA's Electronic Notice of Intent System (eNOI), which can be found at www.epa.gov/npdes/enoi. Filing electronically will allow permittees to easily submit the results of monitoring data to EPA. If you cannot access eNOI, monitoring results must be reported on the paper MDMR form and sent to one of the following addresses:

Via U.S. mail

U.S. Environmental Protection Agency
Office of Water, Water Permits Division
Mail Code 4203M, ATTN: MSGP Reports
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460

Via Overnight/Express Delivery

U.S. Environmental Protection Agency
Office of Water, Water Permits Division
Room 7420, ATTN: MSGP Reports
1201 Constitution Avenue, NW
Washington, D.C. 20004
Phone number: 202-564-9545

Completing the MDMR Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Be sure that you complete all applicable questions. Photocopy your MDMR form for your records before you send the completed original form to the appropriate address above. Use ink when you sign and mail the original document – EPA will not accept photocopies. You may also use this paper form as a checklist for the information you will need when submitting a MDMR electronically via EPA's eNOI system.

Reasons for Submission

Indicate your reason(s) for submitting this MDMR by checking all boxes that apply. The reasons for submission are defined as follows:

- **Submitting monitoring data:** For each storm sampled, submit one MDMR form with data for all outfalls sampled. Select this reason even if you only have monitoring data for some of your outfalls (i.e., some outfalls did not discharge). If you select this reason you are required to complete all Sections of the form.
- **Reporting no discharge for all outfalls for this monitoring period:** Indicates that there were no discharges from all outfalls during this monitoring period. If you select this reason you are only required to complete Sections A, B, C.1, D, and F.
- **Reporting that your site status has changed to inactive and unstaffed:** Indicates that your facility is currently inactive and unstaffed (See Part 6.2.1.3 of the permit for more information). If you select this reason you are only required to complete Sections A, B, and F and include date of status change in the comment field in Section E.4.
- **Reporting that you site status has changed from inactive to active:** Indicates that your facility is currently active (See Part 6.2.1.3 of the permit for more information). If you select this reason you are required to complete all Sections of the form and include date of status change in the comment field in Section E.4.
- **Reporting that no further reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the permit:** Indicates that your facility has determined that no further pollutant reductions are technologically and economically practicable in light of best industry practice to meet the technology-based effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1.2 of the permit for more information). If you select this reason you are required to complete Sections A, B and F. However, if you can make this finding for some outfalls and pollutants, but not for others, you cannot select this reason; you will instead be able to identify which outfalls and which pollutants you can make this finding for in Section E.

Section A. Permit Tracking Number

Enter the National Pollutant Discharge Elimination System (NPDES) tracking number assigned by EPA's Stormwater Notice Processing Center to the facility. If you do not know the tracking number, you can find the tracking number assigned to your facility on EPA's Notice of Intent (NOI) Search website (www.epa.gov/npdes/noisearch/).

Section B. Facility Information

1. Enter the facility's official or legal name. Unless the name of your facility has changed, please use the same name provided on your NOI. You can use EPA's NOI Search website (www.epa.gov/npdes/noisearch/) to view your NOI.
- 2.a-d Enter the street address, including city, state, and zip code of the actual physical location of the facility. Do not use a P.O. Box.
3. (Optional) Identify the name, telephone number, and email address of the person who will serve as a contact for EPA on issues related to monitoring at your facility. This person should be able to answer questions related to stormwater discharges and monitoring or have immediate access to individuals with that knowledge. This person does not have to be the facility operator, but should have intimate knowledge of monitoring activities at the facility.
4. If the form was prepared by someone other than the person who is signing the certification statement in Section F (for example, if the MDMR was prepared by a member of the facility's stormwater pollution prevention team or a consultant for the certifier's signature), include the name, organization, phone number and email address of the MDMR preparer.

Section C. Discharge Information

1. Indicate the appropriate monitoring period (Quarter 1, 2, 3, or 4) covered by the MDMR. "Alternative" monitoring periods can apply to facilities located in arid and semi-arid climates, or in areas subject to snow or prolonged freezing. To use alternative monitoring periods, you must provide a revised monitoring schedule here in the first monitoring report submitted and indicate for which alternative monitoring period you are reporting monitoring data. If using alternative monitoring periods, identify the first day of the monitoring period through the last day of the monitoring period for each of the four periods. The dates should be displayed as month (Mo) / day (Day). See Parts 6.1.6 and 6.1.7 of the permit for more information.
2. If you are submitting benchmark monitoring data, identify if your facility is required to collect benchmark samples for one or more hardness-dependent metals (i.e., cadmium, copper, lead, nickel, silver, and zinc). If you select "yes" to this question you must also complete Question 2.a. and if you select "no" to this question you may skip to Section D.
- 2.a. If you selected "yes" for Question 2 under Section C, then you are required to submit to EPA with your first benchmark report a hardness level, established consistent with the procedures in Appendix J of the permit, which is representative of your receiving water. If your outfalls discharge to more than one receiving water, as reported in your NOI form, you should report hardness for the receiving water with the lowest hardness values. Hardness values must be reported in milligrams per liter (mg/L).

Section D. Outfall Information

1. Enter the total number of outfalls identified in your stormwater pollution prevention plan (SWPPP). Outfalls are locations where stormwater exits the facility, including pipes, ditches, swales, and other structures used to remove stormwater from the facility.
2. Indicate if your facility has two or more outfalls that you believe discharge substantially identical effluents (i.e., stormwater), based on the similarities of the general industrial activities and control measures, exposed materials that may significantly contribute pollutants to stormwater, and runoff coefficients of their drainage areas. See Parts 5.1.5.2 and 6.1.1 of the permit for more information on substantially identical outfalls.
- 2.a. If you selected "yes" for Question 2 under Section D, then you must list the outfall name(s) in Column 3.B. that you expect to be substantially identical to the corresponding outfall in Column 3.A.
- 3.A. **Monitored Outfall Name:** List name(s) of outfall(s) you are required to monitor in Column 3.A.
- 3.B. **Substantially Identical Outfalls:** List name(s) of outfall(s) substantially identical to "Monitored Outfall" in Column 3.A. (if applicable).
- 3.C. **No Discharge:** Check box if you are reporting "No Discharge" for the monitored outfall for the reporting period identified in Section C.1.

Example:

3.A Monitored Outfall Name	3.B. Substantially Identical Outfall	3.C. No Discharge
Outfall A	Outfall B; Outfall C	<input type="checkbox"/>
Outfall D		<input checked="" type="checkbox"/>

Reference attachment If additional space is needed to complete the Table Section D

Section E. Monitoring Information

1. Enter the NPDES tracking number assigned by EPA's Stormwater Notice Processing Center to the facility reported in Section A.
2. For the reported monitoring event indicate whether the discharge was from a rainfall or snowmelt event. If you select "rainfall" then indicate the duration (in hours) of the rainfall event, rainfall total (in inches) for that rainfall event, and time (in days) since the previous measurable storm event in line items 2.a-c. For both rainfall and snowmelt monitoring, you must identify the date of collection for the monitoring event in column 3.g. of the table. If the discharge occurs during a period of both rainfall and snowmelt, check both the rainfall and snowmelt boxes and report the appropriate rainfall information in item 2.a-c. To report multiple monitoring events in the same reporting period, copy Page 2 of this Form and enter each monitoring event separately with data for all outfalls sampled.

For each pollutant monitored at an outfall, you must complete one row in the Table as follows:

- 3.a. Outfall Name:** Provide the outfall name for which you monitored (e.g., Outfall 1, Outfall 2, Outfall 3).
- 3.b. Monitoring Type:** Provide the type of monitoring using the specified codes, in parentheses, below:
 - (QBM) – Quarterly benchmark monitoring
 - (ELG) – Annual effluent limitations guidelines monitoring;
 - (S/T) – State- or Tribal-specific monitoring;
 - (I) – Impaired waters monitoring, or
 - (O) – Other monitoring as required by EPA.
- 3.c. Parameter(s):** Enter each "Parameter" (or "pollutant") monitored. For QBM and ELG monitoring, use the same parameter name as in Part 8 of the permit.
- 3.d. Quality or Concentration:** Enter sample measurement value for each parameter analyzed and required to be reported. Enter "ND" (i.e., not detected) for any sample results below the method detection limit or "BQL" (i.e., below quantitation limit) for sample results above the detection limit but below the quantitation limit.
- 3.e. Units:** Enter the units for sample measurement values (i.e., "mg/L" for milligrams per liter) for each parameter analyzed and required to be reported. For monitoring results reported as ND or BQL this space will be left blank and the units will be reported in Column 3.i.
- 3.f. Results Description:** This section must be completed for any monitoring results reported as ND or BQL in the "Quality or Concentration" column. For ND, report the laboratory detection level and units in this column. For BQL, report the laboratory quantitation limit and units in this column.
- 3.g. Collection Date:** Identify the sampling date for each parameter monitoring result reported on this form.
- 3.h. Exceedance due to natural background pollutant levels:** Check box if following the first 4 quarters of benchmark monitoring (or sooner if the exceedance is triggered by less than 4 quarters of data) you have determined that the exceedance of the benchmark is attributable solely to the presence of that pollutant in the natural background for that outfall and any substantially identical outfalls. See Part 6.2.4.2 of the permit for more information. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.
- 3.i. No further pollutant reductions achievable:** Check box if after collection of 4 quarterly samples (or sooner if the exceedance is triggered by less than 4 quarters of data), the average of the 4 monitoring values for any parameter exceeds the benchmark and you have made the determination that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice to meet the technology-based

effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1. of the permit for more information) for that outfall and any substantially identical outfalls. Attach supporting rationale for your determination to the submitted MDMR and reference attachment in Section E.4.

4. Where violations of the permit requirements are reported, include a brief explanation to describe the cause and corrective actions taken, and reference each violation by date. Also, this section should include any additional comments such as are required when changing site status from inactive and uninstalled to active or vice versa. Attach additional pages if you need more space.

Attach additional copies of Section E as necessary to address all outfalls and parameters.

Section F. Certification

Enter "Name/Title of Principal Executive Officer or Authorized Agent" with "Signature of Principal Executive Officer or Authorized Agent," "Date" form was signed and email of the "Principal Executive Officer or Authorized Agent." If you submit multiple pages of Section E monitoring data, each page must be appropriately signed and certified as described below.

Certification statement and signature (see Section B.11 in Appendix B of the permit for more information). Federal statutes provide for severe penalties for submitting false information on this reporting form. Federal regulations require this form to be signed by one of the following individuals, or a duly authorized representative of that person, as follows:

For a corporation: by a responsible corporate officer, which means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or
For a municipal, State, Federal, or other public facility: by either a principal executive or ranking elected official.

Paperwork Reduction Act Notice

Public reporting burden for this certification is estimated to average 7.25 hours per response plus an additional 2 hours for respondents required to gather hardness data, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Office of Environmental Information Services, Collection Services Division (2823), USEPA, 1200 Pennsylvania Avenue, NW, Washington, DC 20460. Include the OMB control number of this form on any correspondence. Do not send the completed MDMR form to this address.



Pace Analytical Services, Inc.
205 East Meadow Road - Suite A
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(336)623-8921

Pace Analytical Services, Inc.
2225 Riverside Dr.
Asheville, NC 28804
(828)254-7176

Pace Analytical Services, Inc.
9800 Kincey Ave. Suite 100
Huntersville, NC 28078
(704)875-9092

July 18, 2013

Mr. David Miller
Apex Companies
269 Great Valley Parkway
Malvern, PA 19355

RE: Project: LKQ Leominster MA LKQ 1325
Pace Project No.: 92163702

Dear Mr. Miller:

Enclosed are the analytical results for sample(s) received by the laboratory on July 02, 2013. The results relate only to the samples included in this report. Results reported herein conform to the most current TNI standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

Analyses were performed at the Pace Analytical Services location indicated on the sample analyte page for analysis unless otherwise footnoted.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Kevin Herring

kevin.herring@pacelabs.com
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: LKQ Leominster MA LKQ 1325
Pace Project No.: 92163702

Asheville Certification IDs

2225 Riverside Dr., Asheville, NC 28804
Florida/NELAP Certification #: E87648
Massachusetts Certification #: M-NC030
North Carolina Drinking Water Certification #: 37712

North Carolina Wastewater Certification #: 40
South Carolina Certification #: 99030001
West Virginia Certification #: 356
Virginia/VELAP Certification #: 460222

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SAMPLE ANALYTE COUNT

Project: LKQ Leominster MA LKQ 1325
Pace Project No.: 92163702

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
92163702001	Outfall #1	EPA 200.7	JMW	1	PASI-A

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ANALYTICAL RESULTS

Project: LKQ Leominster MA LKQ 1325
Pace Project No.: 92163702

Sample: Outfall #1		Lab ID: 92163702001	Collected: 07/01/13 14:30	Received: 07/02/13 11:00	Matrix: Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP		Analytical Method: EPA 200.7 Preparation Method: EPA 200.7						
Aluminum	867 ug/L		100	1	07/09/13 15:35	07/10/13 15:45	7429-90-5	

REPORT OF LABORATORY ANALYSIS

Date: 07/18/2013 08:06 AM

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Page 4 of 9



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QUALITY CONTROL DATA

Project: LKQ Leominster MA LKQ 1325
Pace Project No.: 92163702

QC Batch: MPRP/13683 Analysis Method: EPA 200.7
QC Batch Method: EPA 200.7 Analysis Description: 200.7 MET
Associated Lab Samples: 92163702001

METHOD BLANK: 1004770 Matrix: Water
Associated Lab Samples: 92163702001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Aluminum	ug/L	ND	100	07/10/13 14:27	

LABORATORY CONTROL SAMPLE: 1004771

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Aluminum	ug/L	5000	4640	93	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 1004772 1004773

Parameter	Units	92163633002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Aluminum	ug/L	137	5000	5000	4930	5070	96	99	70-130	3	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 1004774 1004775

Parameter	Units	92163361003 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Aluminum	ug/L	1140	5000	5000	7150	7450	120	126	70-130	4	

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QUALIFIERS

Project: LKQ Leominster MA LKQ 1325
Pace Project No.: 92163702

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PRL - Pace Reporting Limit.

RL - Reporting Limit.

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Acid preservation may not be appropriate for 2-Chloroethylvinyl ether, Styrene, and Vinyl chloride.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

LABORATORIES

PASI-A Pace Analytical Services - Asheville

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: LKQ Leominster MA LKQ 1325
Pace Project No.: 92163702

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
92163702001	Outfall #1	EPA 200.7	MPRP/13683	EPA 200.7	ICP/12467

REPORT OF LABORATORY ANALYSIS

	Document Name: Sample Condition Upon Receipt (SCUR)	Document Revised: March 13, 2013 Page 1 of 2
	Document No.: F-ASV-CS-003-rev.09	Issuing Authorities: Pace Asheville Quality Office

Client Name: Apex Comp

Where Received: ☐ Huntersville ☒ Asheville ☐ Eden ☐ Raleigh

Courier (Circle): ☒ FedEx ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other

Custody Seal on Cooler/Box Present: ☒ yes ☐ no Seals intact: ☐ yes ☐ no

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other

Circle Thermometer Used: IR Gun #2 - 80344039 Type of Ice: Wet Blue None ☐ Samples on ice, cooling process has begun

IR Gun Back Up - 111565135

Temp Correction Factor: Add / Subtract N/A C

Corrected Cooler Temp.: N/A C Biological Tissue is Frozen: Yes No N/A

Temp should be above freezing to 6°C

Comments:

Date and Initials of person examining contents: Alan 2/2

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes date/time/ID/Analysis Matrix:	<u>W</u>	
All containers needing preservation have been checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13.
All containers needing preservation are found to be in compliance with EPA recommendation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
exceptions: VOA, coliform, TOC, O&G, WI-DRO (water)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial when completed <u>Alan</u>
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

Client Notification/ Resolution:

Field Data Required?

Y / N

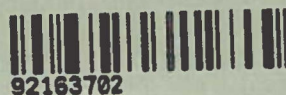
Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

SCURF Review:	Date:
SRF Review: <u>Alan</u>	Date: <u>2/13/13</u>

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)

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